

2021 W-2 and EARNINGS SUMMARY



| | | | | | | | |
|---|--|--|-------|------------------------|--|-------------|--|
| W-2 | | Employee Reference Copy | | Wage and Tax Statement | | 2021 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | | Dept. | Corp. | Employer use only | | | |
| 000044 KG/ELK | | | | A | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| ORRBA SYSTEMS LLC 452 LAKESHORE PARKWAY STE 208 ROCK HILL, SC 29730 | | | | | | | |
| Batch #91074 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| SANKEERTHANA BOBBA 8450 CAMBRIDGE ST APT 1153 HOUSTON, TX 77054 | | | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | | | |
| 83-3519424 | | XXX-XX-4817 | | | | | |
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | | | |
| 103728.00 | | 16422.11 | | | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | | | |
| 103728.00 | | 6431.14 | | | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | | |
| 103728.00 | | 1504.06 | | | | | |
| 7 Social security tips | | 8 Allocated tips | | | | | |
| 9 | | 10 Dependent care benefits | | | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | | | |
| 14 Other | | 12b | | | | | |
| | | 12c | | | | | |
| | | 12d | | | | | |
| | | 13 Stat emp Ret. plan 3rd party sick pay | | | | | |
| 15 State Employer's state ID no. | | 16 State wages, tips, etc. | | | | | |
| 17 State income tax | | 18 Local wages, tips, etc. | | | | | |
| 19 Local income tax | | 20 Locality name | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|
| Gross Pay | 103,728.00 | 103,728.00 | 103,728.00 |
| Reported W-2 Wages | 103,728.00 | 103,728.00 | 103,728.00 |

2. Employee Name and Address.

SANKEERTHANA BOBBA
8450 CAMBRIDGE ST APT 1153
HOUSTON, TX 77054

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| 11 Nonqualified plans | | 12a See instructions for box 12 | | | | | |
| 14 Other | | 12b | | | | | |
| | | 12c | | | | | |
| | | 12d | | | | | |
| | | 13 Stat emp Ret. plan 3rd party sick pay | | | | | |
| 15 State Employer's state ID no. | | 16 State wages, tips, etc. | | | | | |
| 17 State income tax | | 18 Local wages, tips, etc. | | | | | |
| 19 Local income tax | | 20 Locality name | | | | | |
| Federal Filing Copy | | | | | | | |
| W-2 | | Wage and Tax Statement | | 2021 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | | | | | |

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| 19 Local income tax | | 20 Locality name | | | | | |
| State Reference Copy | | | | | | | |
| W-2 | | Wage and Tax Statement | | 2021 | | | |
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